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PERIODICALS

ALCOHOL AND DRUG ABUSE DIVISION
MONTANA DEPARTMENT OF INSTITUTIONS
1539 11TH AVENUE, HELENA, MONTANA 59620

AUG 14 1986

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MAY - AUGUST, 1986

The Second Call for Help: Only a few persons have taken advantage of using the Habit as a way to share information with the field. I would encourage you to participate in the new Habit.

The Department of Institutions, Alcohol and Drug Abuse Division, have made the following awards to approved treatment programs for FY 87.

Alcohol Contracts

<u>Program</u>	<u>Discretionary Award</u>	<u>Clients To Be Served Monthly</u>
District II Program - Glendive	\$ 48,767	80
Chemical Dependency Services of Miles City	13,781	80
Medicine Pine Lodge - Browning	9,582	20
Hill Top - Havre	98,448	Inpatient bed days for indigents
Alcohol & Drug Services of Central MT - Lewistown	20,054	
South Central MT Regional MHC - Billings	35,819	100
Southwest CD Service Program - Livingston	42,088	103
Anaconda/Deer Lodge County Alcohol Program	13,843	30
Boyd Andrew Service Center	41,576	Transitional living bed days
Recovery Northwest - Libby	55,917	
Ravalli County CD Services - Hamilton	9,506	40
Powell Co. Alcoholism Prevention Center	3,389	20
Total	\$392,770	616

Drug Contracts

<u>Program</u>	<u>Discretionary Award</u>	<u>Clients To Be Served Monthly</u>
District II Program - Glendive	\$ 27,461	18
Chemical Dependency Services - Miles City	27,461	18
Providence Center - Great Falls	61,022	40
Rimrock - Billings	45,766	30
South Central MT Regional MHC - Billings	15,600	10
Callatin Council on Health & Drugs - Bozeman	76,277	50
Butte-Silver Bow Health Dept. - Butte	54,600	35
Anaconda/Deer Lodge County - Anaconda	40,560	26
Boyd Andrew Service Center - Helena	61,022	40
Recovery Foundation - Missoula	91,534	60
Salish/Kootenai - Ronan	29,193	19
Flathead Valley - Kalispell	53,396	35
Total	\$583,892	381

Awards were made after a comprehensive review by the Alcohol Abuse Division staff, the Alcohol and Drug Advisory Council and the Director of the Department of Institutions. Priorities for funding included programs who formed multi-county programs, demonstration of need and accomplishments of last year's goals and objectives. All contracts for drug services are required to expend at least 15% of their total award on prevention and/or early intervention activities with a minimum 70% of their client load consisting of hard core and/or criminal justice clients. All contracts require that 34% of admissions to treatment, including family members, be female.

Because of the uncertainty of public funding (the shortfall in the earmarked revenue, Gramm-Rudman and the General Fund projected deficit) all contracts were issued for eight months only. However, it is the intent in March, depending on funding, to extend through June 30, 1987.

PUBLIC FUNDING FOR ALCOHOL PROGRAMS IN FY86 AND FY87

The following chart shows the actual distribution in FY86 and the estimated FY87 alcohol earmarked tax and federal block grant funds at the local level for approved treatment programs. As indicated in the chart, there will be approximately \$55,139 reduction in FY87 from FY86 at the local level.

FY 86 Actual & FY87 Estimated Distribution by County of
Alcohol Earmarked Tax and Supplemental Block Grant Funds.

	FY 86 Earmarked Tax Actual	FY 86 BG Actual	FY 86 Ear- marked & BG Total	FY 87 Earmarked Estimated	FY 87 BG Est	FY87 Earmarked & BG Total	3% reduc- tion from 86 Level
Beaverhead	22,957	3,302	26,259	22,927	2,527	25,454	805
Big Horn	27,051	3,891	30,942	27,016	2,978	29,994	948
Blaine	18,873	2,713	21,586	18,837	2,077	20,914	672
Broadwater	7,495	1,078	8,573	7,490	826	8,316	257
Carbon	17,139	2,466	19,605	17,121	1,888	19,009	596
Carter	8,450	1,215	9,665	8,436	930	9,366	299
Cascade	141,676	20,378	162,054	141,489	15,601	157,090	4,964
Chouteau	16,749	2,410	19,159	16,730	1,845	18,575	584
Custer	28,418	4,088	32,506	28,380	3,129	31,509	997
Daniels	7,167	1,032	8,199	7,161	790	7,951	248
Dawson	23,945	3,444	27,389	23,914	2,637	26,551	838
Deer Lodge	22,507	3,238	25,745	22,480	2,479	24,959	786
Fallon	9,057	1,303	10,360	9,047	998	10,045	315
Fergus	29,149	4,193	33,342	29,113	3,210	32,323	1,019
Flathead	96,799	13,923	110,722	96,672	10,659	107,331	3,391
Gallatin	77,048	11,082	88,130	76,949	8,484	85,433	2,697
Garfield	10,056	1,447	11,503	10,047	1,108	11,155	348
Glacier	22,906	3,295	26,201	22,877	2,522	25,399	802
Golden Valley	3,660	526	4,186	3,653	403	4,056	130
Granite	7,421	1,066	8,487	7,403	816	8,219	268
Hill	35,368	5,087	40,455	35,323	3,895	39,218	1,237
Jefferson	14,651	2,107	16,758	14,630	1,613	16,243	515
Judith Basin	7,557	1,087	8,644	7,550	832	8,382	262
Lake	34,863	5,014	39,877	34,817	3,839	38,656	1,221
Lewis & Clark	78,909	11,350	90,259	78,802	8,689	87,491	2,768
Liberty	6,303	907	7,210	6,295	694	6,989	221
Lincoln	36,252	5,214	41,466	36,204	3,992	40,196	1,270
Madison	8,833	1,271	10,104	8,825	973	9,798	306
McCone	15,010	2,159	17,169	14,988	1,653	16,641	528
Meagher	7,495	1,078	8,573	7,483	825	8,308	265
Mineral	8,246	1,186	9,432	8,231	907	9,138	294
Missoula	133,627	19,221	152,848	133,454	14,715	148,169	4,679
Musselshell	10,601	1,525	12,126	10,590	1,168	11,758	368
Park	25,817	3,714	29,531	25,783	2,843	28,626	905
Petroleum	3,804	547	4,351	3,800	419	4,219	132
Phillips	17,611	2,533	20,144	17,585	1,939	19,524	620
Pondera	14,126	2,032	16,158	14,112	1,556	15,668	490
Powder River	9,633	1,385	11,018	9,621	1,061	10,682	336
Powell	15,639	2,250	17,889	15,619	1,722	17,341	548
Prairie	5,933	854	6,787	5,929	654	6,583	204
Ravalli	42,154	6,064	48,218	42,101	4,642	46,743	1,475
Richland	24,213	3,483	27,696	24,186	2,667	26,853	843
Roosevelt	21,694	3,120	24,814	21,664	2,389	24,053	761
Rosebud	25,035	3,601	28,636	25,003	2,757	27,760	876
Sanders	19,277	2,773	22,050	19,255	2,123	21,378	672
Sheridan	11,968	1,722	13,690	11,953	1,318	13,271	419
Silver Bow	65,995	9,493	75,488	65,910	7,267	73,177	2,311
Stillwater	12,440	1,789	14,229	12,428	1,370	13,798	431
Sweetgrass	8,461	1,217	9,678	8,453	932	9,385	293
Teton	14,775	2,126	16,901	14,757	1,627	16,384	517
Toole	12,635	1,817	14,452	12,615	1,391	14,006	446
Treasure	3,270	471	3,741	3,266	360	3,626	115
Valley	25,529	3,672	29,201	25,498	2,811	28,309	892
Wheatland	6,323	909	7,232	6,315	696	7,011	221
Wibaux	3,959	570	4,529	3,954	436	4,390	139
Yellowstone	188,179	27,067	215,246	187,930	20,721	208,651	6,595
TOTAL	1,574,708	226,505	1,801,213	1,572,671	173,403	1,746,074	55,139

While the earmarked distribution is approximately the same in both years, the big decline is unavailable federal block grant funds. This decline is due to the continued decrease in liquor, beer and wine sales over the past few years and the continual need of utilizing federal block grant funds to augment the shortfalls, the Department is very close to depleting all of its additional federal funds. This, coupled with the future uncertainty of federal block grant funding due to Gramm-Rudman, the Department will be unable to maintain the FY86 funding level in FY87.

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AFTER EXAMINING 13 years of medical records and histories for more than 7,000 drug addicts and alcoholics, research team at Eagleville Hospital, Eagleville, PA, found mortality rate for drug addicts is 2½ times greater than that of general population. Average life expectancy of drug addicts studied was 33 years. Average life expectancy of alcoholics studies was 45 years. Drug addicts are also more likely to die violently, with homicide as primary cause of death, followed by accidents and suicide. Report appeared in American Medical News, March 7, 1986.

USEFUL BOOKLET, "How to Identify, Prevent and Guide Treatment of Drug Abuse by Youth," by Dr. Forest S. Tennant Jr., available from: Committees of Correspondence, 57 Conant St, Room 113, Danvers, MA 01923.

PULSE BEATS May 1986

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The Senate has recommended that \$100 Million additional monies be appropriated for drug and alcohol prevention and treatment services. The following is the rationale for the appropriations as provided by NASADAD.

1. Senate Budget Recommends \$100 Million Increase for Drug and Alcohol Prevention and Treatment Services

The Senate version of the First Concurrent Budget Resolution provides for a transfer of \$100 million from the Federal furniture and furnishings budget to the health function of the budget for the purpose of increasing drug and alcohol treatment and prevention services. In an amendment offered by Senator Alfonse D'Amato (R-NY), the Senate voted 82 - 12 to dramatically increase Federal support for treatment and prevention services. While the budget resolution does not have the authority to determine the level of funding for a particular program within the health function, the overwhelming vote for the amendment signals the strong support of the Senate for this money to be appropriated for the services system.

In his remarks accompanying the amendment, Senator D'Amato noted that the Federal Government spends far less today on drug prevention and treatment than it did in 1980 and that the Federal share represents only 20 percent of the total monies allocated for publicly-funded programs. The Senator then described the Federal government's "limited effort to combat the drug epidemic" as "a national disgrace". Inserted into the official record, along with his remarks, was a 20-page statement prepared by the National Association of State Alcohol and Drug Abuse Directors on unmet drug abuse prevention, education, rehabilitation and treatment needs in 48 States. Co-sponsors of the Senate amendment were Senator Lowell Weicker (R-CT), Chairman, Subcommittee on Appropriations for Labor, Health and Human Services and Education and Senator Larry Pressler (R-SD).

The version of the House Budget Resolution currently under consideration does not include a specific increase for Federal alcohol and drug treatment or prevention services. It has been reported, however, that there are, in general, more monies for health programs in the House resolution than in the Senate budget.

Constituent groups have announced their intention to launch an active campaign to secure the eventual appropriation of the \$100 million in new monies for alcohol and drug services by the Senate Appropriations Committee. Senator D'Amato is a key member of that Committee. The Subcommittee with direct responsibility for alcohol and drug abuse funding is chaired by Senator Weicker.

Both the House and Senate versions of the budget resolution meet the FY 1987 deficit target of \$144 billion set by the Balanced Budget and Deficit Reduction Act.

* * * * *

The following is a sample letter that can be sent to your senator/representative requesting support for the appropriations.

Dear Senator/Representative _____:

On May 1, 1986, the Senate voted to accept an amendment to the First Concurrent Budget Resolution which recommended the appropriation of an \$100 million increase in the Federal Government's commitment to the drug and alcohol treatment and prevention services system. The amendment was offered by Senator Alfonse D'Amato (R-NY) and approved by a vote of 82-12, demonstrating the Senate's widespread concern over the currently inadequate level of Federal support for drug and alcohol services.

In fact, the Federal commitment to the publicly-funded drug and alcohol treatment and prevention system has declined by 46 percent since FY 1980. This decline in Federal commitment has come at a time when the demand for treatment and prevention services has dramatically increased. For example, cocaine admissions to drug treatment programs across the country increased by 48 percent during the past year.

Currently, our State of Montana receives \$917,824 in Federal monies via the Alcohol, Drug Abuse and Mental Health Services Block Grant programs. These monies are used to support an array of critical services, including Drug and Alcohol outpatient treatment rehabilitation and Prevention Services; Inpatient Free Standing for Indigents; Early Intervention Services; Transitional (halfway) houses.

If the federal appropriation for this program was increased by \$100 million (with that \$100 million specifically targeted for the drug and alcohol abuse programs authorized under Sections 1916(c) (7) and (8), our State would receive an additional \$311,348 in Federal support. These monies would be used to meet out most critical areas of need, including Inpatient services (Eastern/Montana) Transitional Livings; Prevention and early intervention services; additional outpatient services to combat waiting lists;

At this time, I am seeking your active support for a \$100 million increase in the FY 1987 appropriation for the Alcohol, Drug Abuse and Mental Health Services Block Grant program. These monies are desperately needed in our State.

Please advise me as to your position on this matter. If I can be of any assistance, please do not hesitate to contact me (or Ms. Nancy Record of the National Association of State Alcohol and Drug Abuse Directors at (202) 783-6868).

* * * * *

Just Say No

As you may know, the NIDA "Just Say No" drug abuse education campaign has been running nationwide for sometime now. Radio and TV stations have played the spots and "Just Say No" Clubs have sprung up in schools and communities all over the country. A keynote of the campaign is the "Just Say No" Song.

We are delighted that this song, which was featured in the NIDA "Schoolyard" music video and in radio spot announcements, is now available on an audio cassette for you to borrow. This lively song has been used in school assemblies, "Just Say No" parades, parent-teacher meetings, and many other gatherings. It is reproduced from the original recording and runs two minutes and 39 seconds.

When you borrow the cassette, feel free to duplicate it onto any format. Because of the strong demand, please be sure to return the original to us.

To borrow an audio cassette of the "Just Say No" Song or if you have any questions, contact Dick Sackett, NIDA, Room 10A-46, 5600 Fishers Lane, Rockville, Maryland 20857; telephone (301) 443-1124.

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'THIS IS THE GENERATION' where drugs must be stopped. That's the theme Youth to Youth National Conference will be developing when it meets, July 27-31, at Denison University, Granville, OH. Sponsor is CompDrug Agency. Co-sponsor is Ohio Federation of Families for Drug-Free Youth. They expect 500 participants from across the nation. For details write: National Youth to Youth Conference, 700 Bryden Road, Columbus, OH 43215. Phone 614/224-4506.

PULSE BEATS, May 1986

Films

New films in 1/2" VHS purchased by ADAD and available through the Department of Health and Environmental Sciences (444-3444), are:

It Can't Happen To Me
Soft is The Heart of a Child
Chalk Talk
The Three Headed Dragon
Haight-Ashbury Cocaine
Alcohol and the Family: The Breaking Point
Alcoholism Test
Facing It

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COCAINE, THE BIG LIE

To counter increasing cocaine use among older teenagers and young adults, the National Institute on Drug Abuse (NIDA) launched a multi-media Cocaine Abuse Prevention Campaign, COCAINE, THE BIG LIE., in March, 1986. This public service campaign, developed by Needham Harper Worldwide, under the auspices of The Advertising Council, Inc., focuses on the addictive qualities of cocaine, its potential for producing severe health consequences and the need to seek treatment. As part of this campaign, an 800-toll-free telephone number, 1-800-662-HELP, operational after April 5, 1986, will direct users to treatment facilities in their local community.

From 1982 reports, NIDA estimates that between 20 and 24 million Americans have tried cocaine at least once in their lives; between 11 and 13 million used cocaine during the last year; and between 3 and 5 million used cocaine during the last month. Young adults, age 18 to 25, showed the highest percent of lifetime cocaine use: 28 percent have tried the drug at least once in their lifetime. NIDA has targeted its campaign to young adults, age 18 to 35, the age group showing greatest use of cocaine.

NIDA's latest study of drug use among high school seniors has found that seniors in the Class of 1985 are using cocaine at an unprecedented level. Seventeen percent have tried cocaine, 13% have used the drug in the last year, and 7% in the past month. Cocaine use is up in 1985 among virtually all of the subgroups of seniors examined: among males and female, college bound and non-college bound, those in rural and urban areas, and all regions of the country except the South.

Cocaine is one of the most powerfully addictive of the drugs of abuse. In laboratory studies, animals given free access to cocaine will inject it to the point of death, selecting cocaine in preference to food and water. Clinicians estimate that approximately 10% of the people who use the drug "recreationally" will go on to serious, heavy use and an individual cannot predict or control the extent to which he or she will use the drug.

Cocaine exerts its effect by acting directly on the reward or pleasure centers of the brain. This brain action produces an intense desire to experience the effects of cocaine again and accounts for the development of compulsive use beyond the control of the user.

NIDA's multimedia prevention campaign includes radio and television public service announcements (PSA's) and print ads. It features real people from all walks of life who have been addicted to cocaine. They describe the seductive and addictive qualities of the drug and the devastating effect it has had on their own health, career and relationships.

Also included in the campaign, and currently available from NIDA, is a new publication, COCAINE ADDICTION: IT COSTS TOO MUCH. It has already been distributed to numerous organizations across the country. A Spanish translation of the publication will be available soon. For copies of this publication write to: COCAINE, P.O. Box 2305, Rockville, MD 20850.

For further information on NIDA's cocaine prevention campaign, please call the Communications Services Branch, NIDA on (301) 443-1124.

* * * * *

CDPM'S CORNER OF THE HABIT

The Board of Directors of the Chemical Dependency Programs of Montana organization are pleased to announce that all certified chemical dependency counselors and any organization or individual interested in the field of prevention or treatment of chemical dependency may now join CDPM!

Professionals in the field of chemical dependency in Montana currently do not have an organization dedicated to their needs. On at least three different occasions an organization was attempted to be formed in Montana. While there may have been many reasons for these attempts to fail, one of the reasons certainly could be the failure of a larger, long established organization to sponsor the attempts. CDPM can now do that. CDPM has been in existence in Montana since 1972. We have an annual budget of over \$15,000 and our membership includes some of the largest programs, both inpatient and outpatient, in the state.

We have included three different categories of general members.

1. Chemical Dependency Counselor: Any person certified as a Chemical Dependency Counselor by the Alcohol and Drug Abuse Division may join in this category. The benefits to members in this category are:
 - a) One elected members to the Board of Directors of CDPM
 - b) Training for re-certification points
 - c) Annual meeting and workshop at reduced rates
 - d) Quarterly meetings in rotating regions for additional training
 - e) Legislative input and representation for the field of C.D.
 - f) A subscription to the new "Professional Counselor" magazine (annual subscription rate of \$18.00)
 - g) The ability to network and meet other professionals in Montana

The annual dues of this category are \$35.00

2. Associate: A general category for any individual interested in the field of alcohol and drug abuse who wishes to remain up-to-date with the profession in Montana. This may include, but is not limited to, probation officers, attorneys, judges, private therapists, all school personnel, E.A.P. staff, recovering members of A.A., N.A., etc., parents, and families. No voting rights exist with this category. Benefits of this membership include:
 - a) Current information on prevention, education, and treatment of chemical dependency
 - b) Inservice training for their organization's staff
 - c) A subscription to the new "Professional Counselor" magazine
 - d) The ability to be part of the Statewide annual meeting and four regional meetings per year for networking, training, and certification points.

The annual dues of this category are \$20.00

3. Business and Industry: Any local, regional, or national corporation who wishes to support prevention, education, and treatment of chemical dependency in Montana. Benefits of this category are:
 - a) Current information on chemical dependency
 - b) Consulting services for employee assistance programs
 - c) Inservice training for management and staff
 - d) A subscription to "Professional Counselor" magazine

The annual dues of this category are \$350.00

We are truly excited about the expansion of membership for CDPM. Our annual meeting on October 23 and 24, 1986, will be at Fairmont Hot Springs. This meeting will be the initial "kick-off" of the new organization. Our annual meeting and dinner will be Thursday afternoon and evening, October 23rd with a workshop with a nationally known speaker (yet to be announced) held on Friday, October 24th.

This will be a time for certified chemical dependency counselors and any other individual interested in the field to update skills, meet other professionals, and network with those individuals and organizations necessary for business. This workshop will be focused on training for the professional counselor. Any individual, however, working with the chemically dependent individual will benefit from attending this workshop. As John Brekke, Director of the Wilderness Treatment Center near Kalispell stated, "This is an excellent opportunity for professionals in the field to come together in one place to share ideas and help each other."

To join Chemical Dependency Programs of Montana fill out the form below. Send the form and the proper amount for annual dues to: Douglas D. Settles, Secretary, 840 Helena Avenue, PO Box 5539, Helena, MT 59604. Phone 449-7630.

If you have any questions please feel free to call or write to Doug.

I want to be a charter member of Chemical Dependency Programs of Montana, Inc. I have checked the appropriate membership category and enclosed a check for the annual dues. I understand I will receive a year's subscription to "Professional Counselor" magazine. I look forward to receiving more information on the annual meeting/workshop at Fairmont Hot Springs in October.

- Chemical Dependency Counselor \$ 35.00 (Must be certified by ADAD)
- Associate \$ 20.00
- Business or Industry \$350.00

Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Occupation and/or interest in C.D.: _____

Certification Update

Because of the 5% reduction in State agencies budgets, ADAD will no longer offer the oral examination in Billings. Beginning in August, all examinations will be quarterly in Helena. The tentative schedule for all examinations is below:

<u>WRITTEN</u>	<u>Due</u>	<u>ORALS</u>
July 1, 1986	June 2, 1986	<u>Helena</u>
October 1, 1986	September 2, 1986	
January 7, 1987	December 7, 1986	August 22-23, 1986
April 1, 1987	March 2, 1987	November 14-15, 1986
		February 20-21, 1986
<u>TAPES</u>		May 15-16, 1987
September 18-19, 1986	September 12, 1986	
December 11-12, 1986	December 5, 1986	
March 26-27, 1987	March 20, 1987	
June 18-19, 1987	June 12, 1987	

NEWLY CERTIFIED PERSONS

391	Carol Lysne Shorter	Chemical Dependency
392	Andy Vaile	Chemical Dependency
393	Linda Jones	Chemical Dependency
394	Kathleen Winslow	Chemical Dependency
395	Donna Wald	Chemical Dependency
396	Joseph Stenglein	Chemical Dependency
397	Richard Matkin	Chemical Dependency
398	Robert Kirchner	Chemical Dependency
399	Carol Hinds	Chemical Dependency
400	Fay Fegan	Chemical Dependency
401	L. Camelot Evanson	Chemical Dependency
402	Neysa Battleson	Chemical Dependency
403	Scott Bartley	Chemical Dependency
404	Patrick Jones	Chemical Dependency
405	Ivan Kuderling	Chemical Dependency
22	Mark Clark	Management/Supervision Prevention/Education

John Weida, director of the Galen Alcohol Service Center wrote the article "If I were going to raise a child who wouldn't do drugs."

If I were going to raise a child who didn't do drugs, I would start with two parents. A parent of each sex to provide role models. A man and a woman to show the child what it's like to be a man and a father - or a woman and a mother. There would be two so that one could step in when the other was frustrated, angry or unavailable; two, so there was a perspective, the opportunity to discuss, and the option of shifting responsibilities to cope with daily problems. And two to make it a natural assumption for the child that a life shared provides more opportunity for dealing with the problems and celebrating victories.

Next, I would make sure that the parents loved each other. This would begin with respect for what a marriage is: a long term commitment and a willingness to work on the relationship in an open and honest way. They would be people who understand that love is a process requiring constant attention, growth and change. He would be a man who respects women and understands that a wife must be a partner, not a possession, if love is to reach it's full potential. She would be a woman who encourages a man to have feelings and knows that a man can get trapped into roles just like a woman can. They would be individuals who love each other for who they are rather than what they are. This man and woman would be free to show their love in a variety of ways: they would demonstrate it in what they said and how they touched. They would be attentive to each other's wants and needs - caring and helping without losing their individuality. They would be together because they wanted to, not because they needed to. And one more thing: they would have problems. I would not wish for them a "perfect life," for the child must see how problems can be overcome. And she must realize that it isn't the problems that count, but rather how she chooses to solve them that will make the difference between happiness and sadness.

Third, I would provide for this child a family that communicated. My family would ask questions: "How was your day?" "Are you sad?" "Is this OK with you?" "What do you think?" It would make observations: "You look frustrated." "I think that will cause you problems." "You seem especially happy today." It would make statements about itself: "I am angry and need some special attention!" "This family sure knows how to make me feel good!" "I would rather go to the movie than go swimming."

And my family would hear. It would listen with the "third ear" - the one that tunes into emotions as well as words" "I hear a lot of anger behind those words." "You must have been hurt when he said that to you." "Are you saying you're frustrated and don't know what to do?"

And it would be a family that communicated love and support directly and often. This family would not presume that love would be inferred simply because they lived together. "I love you," "You're wonderful", "You make me very happy", "I like to be with you", "You can do it", would be common kinds of statements.

Fourth, I would insist the family of this child have an underlying spiritual belief. I would not be very concerned about the name or trappings of that belief as long as this family believed in a plan, a reason, a reverence for life that gave a perspective beyond the daily concerns of humans. It would be strong enough that, as the child grew, it would not be easily overthrown by some passing fad or gimmick and yet, it would be open to growth and expansion - not demanding rigidity for survival.

Most of all, the child would come to know that to say something is done is often just as important as the doing; that because humans are aware of what they do, they are also responsible for their actions - not just to other people, but to some higher design that gives meaning to the entire scope of human behavior. And, furthermore, that morality, integrity, and the doing of good works are rewards in themselves and need not be recognized by others.

Next, I would require that this child have a reverence for her own physical and mental health. She would understand that everything that enters the body affects not only her physical self but her mental self as well. The food she eats, the air she breathes, the movies she sees and the conversations she listens to set patterns that become lifestyles. She would understand that the body and mind are so closely interconnected that the distinction between the two becomes academic; that thoughts can make you sick or well and that food can make you sharp or dull.

My child would learn sports as a way to refine and improve herself. And competition would be with herself so that the joy of being better would not have to be at someone else's expense.

And my child would also understand that just as the mind and body are one, the individual cannot be separated from it's environment. To believe in and care for self requires a belief in and care for the entire world community of living things.

Sixth, there would be time together. My family would have no more or less time than any other family, so it would choose to spend it's time carefully. And high on it's list of priorities would be time together. Time for role modeling, love, communications, beliefs, traditions, understanding, support and fun to be reinforced again and again. This way of life would become natural and easy. And in spending time with the child, the parents would tell him: "You are important." The time would not have to be excessive - quality is more important than quantity - but it would be ample. And it certainly would be available at the child's request.

Finally, this child's family would be inclusive rather than exclusive. It would be open to others - to share, watch and experience other lives in as many ways as possible. My family would foster a kinship, a brotherhood and sisterhood, with people close by and far away. And my child would come to understand that involvement with other people holds great joys and satisfactions. He would also learn that the same involvement holds the risks of sorrow and turmoil. And, hopefully, she would choose to embrace the whole spectrum of happiness and sadness in order to have the feelings of one who is totally alive. Even in the pain of a relationship gone bad, or a loved one lost, my child would know the comfort and satisfaction of having shared in another person's life.

This is the environment I would provide for a child if I wanted him to become a person who did not use drugs. You will notice I've said nothing about "things". I would not care if this family was wealthy or poor; it would not matter whether they lived in a farmhouse or an inner city slum. The child could be bright or slow, beautiful or homely, perfect or crippled.

The biological family is given, by it's very nature the necessities to raise an adult human being. But we have to understand that the needs of the child go well beyond the physical and those needs are not met by accident. Parents must realize that they have a commitment requiring much thought, time, energy and love. In the fulfilling of the child's emotional needs lies the greatest joy of parenting.

* * * * *

MONTANA SURVEY

1. Would you favor or oppose a state law that would raise the legal drinking age to 21?
- Favor _____ Oppose _____ No Opinion _____
2. Would you favor or oppose a law that would withhold some federal highway funds from states with minimum drinking ages below 21?
- Favor _____ Oppose _____ No Opinion _____
3. Recently the New Jersey Supreme Court ruled that hosts can be sued for injuries to victims of auto accidents caused by adult guests to whom the hosts have served alcoholic beverages. Would you like to see such a law in Montana or not?
- Favor _____ Oppose _____ No Opinion _____
4. In some communities a minor who is apprehended at a kegger is guilty of possession regardless if that minor is using/drinking. Do you favor this concept or not?
- Favor _____ Oppose _____ No Opinion _____

Other data needed:

Sex	Education	Politics
Age	Region	Occupation
Race	Religion	Income

Please copy and have as many people fill this out as possible and return to ADAD by September 1, 1986.

LETTERS TO THE EDITOR

Two issues ago, the Habit printed an article from Hazelden regarding confrontation. Mike Ruppert, director of Alcohol Services of Gallatin County contacted this office regarding his feelings about that article. He has submitted this letter as found in the Hazelden newsletter which reflects his opinion.

"In your November, 1985, issue, your comments in "Viewpoint" got my attention. It seemed to me that you were presenting confrontation as a total approach to treatment, which Hazelden has now grown past. Your statement was, "It's true that we once used confrontation. But we found a better way, and we went with it." This seems to say that confrontation, to any extent or degree, is no longer a part of the treatment approach for any patient at Hazelden. I find that hard to believe, and hope that it is not true. At our facility, we find confrontation to be very helpful when used as one part of a comprehensive (and individualized) approach to people and human problems. In fact, we appraise our therapists as to their ability to (1) confront, (2) support, (3) educate, and (4) facilitate interaction.

I have been very concerned in recent years about the inclination of addiction (and other) treatment programs toward fragmented therapeutic techniques, almost as if each institution should have a flag outside its administration building indicating by some symbol what kind of treatment it offers...T.A., Gestalt, Reality, Rational-Emotive, etc., etc. Important, also, seems to be to indicate whether or not we believe in the disease concept of alcoholism, whether or not a majority of our staff is composed of recovered alcoholics, and whether or not we "individualize" treatment, etc., etc. It appears to me that too many treatment centers are falling into the alcoholic's search for the magical answer, the final solution...and God help us if that answer does not have a catchy name or easily-remembered initials. I suspect that Hazelden always practiced far more than confrontation, and that it now includes confrontation in some form in its program. And, if your article really meant to question only the practice of loud verbal battering as a primary mode of therapy, I certainly agree with that. However, when I see the word, confrontation, so thoroughly judged and condemned as it appears to be in your piece, I can't help but wonder what you now call it when you talk straight with people...respectfully, of course.

Individualized direct I-statement?

With all respect to you, you probably were speaking to programs that I am not aware of, and that need to examine their mode of therapy (as all of us do). I just hate to hear a perfectly good word maligned.

Thanks for listening.

Sincerely,

Robert L. Stevens, Administrator
Palmetto Center

Editor's note: Mr. Stevens is correct. We overstated our case. This was one of several responses, both favorable and unfavorable, to our November editorial. Another reader wrote, "Words like encounter and confront are prone to being used out of context and erroneously bring to mind only images of loud voices and four-letter words. The goal of an Encounter Group is not to 'tear people down,' but to get them to confront their denial and delusion."

From: Hazelden Professional Update
May 1986

* * * * *

BOZEMAN DAILY CHRONICLE, Tuesday, September 24, 1985 **13**

B.C.



NATIONAL DRINKING AGE OF 21

QUESTION: Would you favor or oppose a national law that would raise the legal drinking age in all states to 21?

	June 22-25, 1984			
	Favor	Oppose	No Opinion	Number of Interviews
NATIONAL	79%	18%	3%	1,522
SEX				
Men	75	22	3	752
Women	82	14	4	770
AGE				
Total under 30	69	29	2	335
18-24 years	61	37	2	165
25-29 years	80	18	2	170
30-49 years	81	17	2	595
Total 50 & Older	83	12	5	588
50-64 years	81	14	5	300
65 & older	87	9	4	288
REGION				
East	81	17	2	408
Midwest	78	19	3	403
South	74	22	4	418
West	82	15	3	293
RACE				
Whites	79	18	3	1,333
Non-whites	72	23	5	199
Blacks	71	24	5	173
Hispanics	78	21	1	79
EDUCATION				
College graduates	75	22	3	312
College incomplete	75	23	2	380
High school graduates	80	16	4	517
Not high school grads.	83	14	3	313
POLITICS				
Republicans	79	18	3	458
Democrats	80	17	3	609
Independents	77	20	3	420
OCCUPATION				
Professional & Business	77	21	2	470
Clerical & sales	79	20	1	101
Manual workers	76	20	4	497
Non-labor force	85	12	3	304
INCOME				
\$40,000 & over	77	21	2	270
\$30,000-\$39,999	78	20	2	178
\$20,000-\$29,999	80	17	3	272
\$10,000-\$19,999	79	17	4	431
Under \$10,000	79	17	4	307
RELIGION				
Protestants	81	16	3	850
Catholics	78	20	2	376
LABOR UNION				
Labor union families	83	14	3	266
Non-labor union families	78	19	3	1,256
URBANIZATION				
Center cities	76	21	3	439
Suburbs	80	17	3	543
Rural areas	79	18	3	540
STATES' DRINKING AGE				
21 years	85	13	2	562
Below 21	73	23	4	604

NATIONAL DRINKING AGE OF 21			
	Favor	Oppose	No Opinion
1984			
June 22-25	79%	18%	3%
1982			
Dec 10-13	77	20	3

The Gallup Poll Report No. 242 (11/85)

DRUG SCREENING IN WORKPLACE should be done with "extreme caution," warned NIDA. Joint consensus statement from two-day NIDA conference with representatives of business and industry declared urine screening "should be considered as a useful technique." But great care was advised to ensure "reliable and accurate" testing procedures.

WITHHOLD HIGHWAY FUNDS
(Based on those favoring 21 year drinking age)

QUESTION: Would you favor or oppose a law that would withhold some federal highway funds from states with minimum drinking ages below 21?

	June 22-25, 1984			Number of Interviews
	Favor 66%	Oppose 26%	No Opinion 8%	
NATIONAL				1,211
SEX				
Men	64	29	7	574
Women	67	24	9	637
AGE				
Total under 30	66	27	7	241
18-24 years	61	33	6	105
25-29 years	72	21	7	136
30-49 years	66	26	8	478
Total 50 & Older	65	26	9	489
50-64 years	66	28	6	244
65 & older	65	24	11	245
REGION				
East	70	23	7	337
Midwest	63	30	7	315
South	67	25	8	314
West	63	27	10	245
RACE				
Whites	66	27	7	1,067
Non-whites	64	24	12	144
Blacks	66	22	12	123
Hispanics	67	26	7	65
EDUCATION				
College graduates	72	24	4	239
College incomplete	65	29	6	295
High school graduates	65	26	9	413
Not high school grads.	64	26	10	264
POLITICS				
Republicans	66	25	9	369
Democrats	68	23	9	485
Independents	63	31	6	330
OCCUPATION				
Professional & Business	67	26	7	368
Clerical & sales	67	26	7	79
Manual workers	64	29	7	385
Non-labor force	62	27	11	258
INCOME				
\$40,000 & over	68	25	7	213
\$30,000-\$39,999	65	28	7	140
\$20,000-\$29,999	72	22	6	217
\$10,000-\$19,999	63	29	8	342
Under \$10,000	63	25	12	251
RELIGION				
Protestants	64	28	8	694
Catholics	69	23	8	306
LABOR UNION				
Labor union families	64	25	11	217
Non-labor union families	66	27	7	994
URBANIZATION				
Center cities	68	23	9	338
Suburbs	66	26	8	440
Rural areas	65	28	7	433
STATES' DRINKING AGE				
21 years	64	29	7	562
Below 21	63	29	8	604

'HOST LAW'

QUESTION: Recently the New Jersey Supreme Court ruled that hosts can be sued for injuries to victims of auto accidents caused by adult guests to whom the hosts have served alcoholic beverages. Would you like to see such a law in this state, or not?

	June 6-9, 1984			Number of Interviews
	Favor	Oppose	No Opinion	
	28%	64%	8%	1,523
NATIONAL				
SEX				
Men	26	68	6	755
Women	30	61	9	768
AGE				
Total under 30	28	67	5	351
18-24 years	32	61	7	173
25-29 years	23	74	3	178
30-49 years	26	67	7	572
Total 50 & Older	31	60	9	594
50-64 years	28	65	7	308
65 & older	34	54	12	286
REGION				
East	26	65	9	385
Midwest	31	64	5	405
South	28	64	8	431
West	26	65	9	302
RACE				
Whites	28	65	7	1,308
Non-whites	27	63	10	176
Blacks	22	71	7	176
Hispanics	33	51	16	91
EDUCATION				
College graduates	27	68	5	320
College incomplete	24	70	6	360
High school graduates	28	64	8	511
POLITICS				
Republicans	29	66	5	423
Democrats	28	64	8	598
Independents	28	63	9	446
OCCUPATION OF CWE				
Professional & Business	27	69	4	447
Clerical & sales	29	67	4	96
Manual workers	26	66	8	532
Skilled workers	26	68	6	249
Unskilled workers	25	66	9	283
INCOME				
\$40,000 & over	26	68	6	262
\$30,000-\$39,999	24	70	6	180
\$20,000-\$29,999	28	68	4	298
\$10,000-\$19,999	30	62	8	421
Under \$10,000	33	56	11	283
RELIGION				
Protestants	31	62	7	861
Catholics	22	69	9	409
LABOR UNION				
Labor union families	24	68	8	295
Non-labor union families	29	63	8	1,228
URBANIZATION				
Center cities	68	23	9	338
Suburbs	66	26	8	440
Rural areas	65	28	7	433
STATES' DRINKING AGE				
21 years	64	29	7	562
Below 21	63	29	8	604

The Gallup Poll Report No. 242 (11/85)

SMOKING POLICIES A HOT TOPIC in insurance industry where a growing number of companies are initiating programs restricting or banning smoking.

MONTANA DUI CONVICTIONS
BY COUNTY AND AGENCY DURING 1985*

COUNTY	MHP	POLICE	SHERIFF	BIA	OTHER & UNKNOWN	TOTAL	PER 1000 POPULATION
BEAVERHEAD	5	33	0	0	2	40	4.5
BIG HORN	50	16	151	0	5	222	19.3
BLAINE	21	58	13	0	0	92	12.9
BROADWATER	8	1	5	0	0	14	4.1
CARBON	26	19	26	0	1	72	8.3
CARTER	0	0	0	0	0	0	0.0
CASCADE	105	448	70	0	11	634	7.7
CHOUTEAU	2	10	24	0	0	36	5.8
CUSTER	50	66	5	0	2	123	9.1
DANIELS	4	2	0	0	0	6	2.1
DAWSON	55	119	20	0	19	213	16.7
DEER LODGE	26	14	6	0	3	49	4.3
FALLON	16	4	2	0	1	23	6.0
FERGUS	13	40	2	0	0	55	4.2
FLATHEAD	111	254	100	0	13	478	8.8
GALLATIN	82	245	70	0	6	403	8.4
GARFIELD	0	0	2	0	0	2	1.1
GLACIER	68	44	2	8	1	123	10.8
GOLDEN VALLEY	3	0	1	0	0	4	3.6
GRANITE	10	1	7	0	1	19	6.7
HILL	43	116	1	0	1	161	8.7
JEFFERSON	21	8	26	1	1	57	7.1
JUDITH BASIN	3	0	2	0	1	6	2.2
LAKE	140	195	62	0	20	417	20.4
LEWIS & CLARK	44	342	50	0	3	439	9.5
LIBERTY	0	0	6	0	0	6	2.4
LINCOLN	41	38	76	0	6	161	8.6
MADISON	9	1	28	0	2	40	6.8
MCCONE	4	2	0	0	0	6	2.2
MEAGHER	2	0	11	0	1	14	6.2
MINERAL	10	0	12	0	0	22	5.9
MISSOULA	168	439	171	0	18	796	10.4
MUSSELSHELL	6	6	50	0	5	67	14.2
PARK	16	61	41	0	1	119	8.9
PETROLEUM	0	0	0	0	0	0	0.0
PHILLIPS	19	14	2	0	0	35	6.1
PONDERA	20	27	8	0	0	55	7.7
POWDER RIVER	6	0	18	0	0	24	9.6
POWELL	12	4	5	0	0	21	3.0
PRAIRIE	3	5	1	0	0	9	4.7
RAVALLI	48	62	19	0	5	134	5.4
RICHLAND	16	98	23	0	10	147	10.2
ROOSEVELT	19	2	34	1	0	56	4.8
ROSEBUD	30	15	51	0	5	101	7.6
SANDERS	15	19	39	0	0	73	7.9
SHERIDAN	6	35	11	0	1	53	8.9
SILVER BOW	38	0	134	0	2	174	4.9
STILLWATER	24	13	16	0	0	53	8.8
SWEETGRASS	16	3	12	0	2	33	10.0
TETON	8	4	0	0	0	12	1.8
TOOLE	13	1	56	0	0	70	12.2
TREASURE	13	0	9	0	0	22	22.0
VALLEY	7	41	4	0	0	52	5.2
WHEATLAND	0	0	4	0	0	4	1.7
WIBAUX	2	4	1	0	0	7	4.6
YELLOWSTONE	437	526	160	0	43	1166	9.8
RESERVATIONS							
BLACKFEET	23	6	0	165	1	195	
FORT BELKNAP	0	0	0	35	0	35	
FLATHEAD	0	1	0	11	0	12	
STATE TOTALS	1937	3462	1649	221	193	7462	9.0

* The figures are based upon a 92% sample of Driver Improvement Bureau actions.

1985 DUI STATISTICS
BASED ON A TOTAL OF 8102 DUI'S

Male	85%
Female	15%
1st Offense	77%
Multiple Offenses	23%

13% of all 1st Offenses were "Per Se" Convictions

DUI'S BY AGE

0-19	7.4%
20-24	23.0%
25-34	34.7%
35-44	18.4%
45-54	9.1%
55-64	4.9%
65-74	1.8%
75-up	2.8%

MONTANA DUI CONVICTIONS 1981-1985

1981	3071
1982	3944
1983	5856
1984	6261
1985	8102

Provisional License	38.6%
Forfeitures	3.1%
Fines:	\$ 2,340,860

* * * * *

PREVENTION NETWORK MEETING

On June 27, 1986, a meeting was held to establish a state prevention network. The purpose of the network is to develop consistency in prevention efforts, provide a mechanism for better communication and a liaison with federal and state agencies. If you have any questions regarding the network and would like to become involved please contact any of the following persons:

Darla Bustos
656-3541
Billings

Darlene Meddock
761-6680
Great Falls

Marilyn Lemaich
728-5108
Missoula

Marcia Armstrong
444-2878
Helena

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